



THU 12:38 FAX 928 522 4039

GORE-LEGAL

002

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

03/24/2004

DAVID J JOHNS  
W L GORE & ASSOCIATES INC  
551 PAPER MILL ROAD  
PO BOX 9206  
NEWARK, DE 197149206

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Melanie Williams	(Depositor's name)
<i>Melanie Williams</i>	(Signature)
June 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/369,231	08/05/1999	JAMES TODD WALTER	MP/143	6509

TITLE OF INVENTION: SURFACE MODIFIED EXPANDED POLYTETRAFLUOROETHYLENE DEVICES AND METHODS OF PRODUCING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VO, HAI	1771	428-311510

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David J Johns

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gore Enterprise Holdings, Inc.

Newark, DE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 15

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1729 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*David J Johns*

(Date)

6/17/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

06/18/2004 AHONDAF2 00000055 071729 09369231

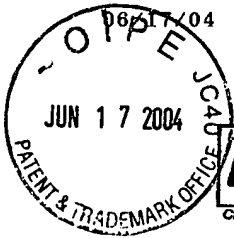
01 FC:1501 1330.00 DA  
02 FC:8001 45.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 \* RCVD AT 6/17/2004 3:32:12 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXR-2/2 \* DNIS:7464000 \* CSID:928 522 4039 \* DURATION (mm-ss):02-18



06/17/04 THU 12:38 FAX 928 522 4039

GORE-LEGAL

001



# W.L. GORE & ASSOCIATES, INC.

1500 NORTH FOURTH STREET • P.O. BOX 2400 • FLAGSTAFF, ARIZONA 86003 • PHONE 928/526-3030  
FAX 928/522-4039

## FACSIMILE COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

ADDRESSEE: BOX ISSUE FEE  
(703) 746-4000

SENDER: David Johns

PHONE NUMBER: 928 / 526-3030

FAX NUMBER: **928 / 522-4039**

Number of Pages in Transmission (including this cover page): 3

If you do not receive all of the pages or this copy is not legible,  
please call 928/864-2550 as soon as possible.

Operator: Melanee Williams

Date: June 17, 2003

\*\*\*\*\*  
COMMENTS:

Issue Fee Payment for Application No. 09/369,231 (1 page in duplicate)

\*\*\*\*\*  
CONFIDENTIALITY NOTICE: The information contained in this FAX message is subject to the attorney-client privilege and is confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this FAX communication in error, please immediately notify the sender by telephone to arrange for return of the original message. Thank you.